



**Audiology Practice Committee Meeting Minutes
April 12, 2007**

Kensington Park Hotel
450 Post Street
"Sherwood Room"
San Francisco, CA
(415) 351-4148

Committee Members Present

Rebecca Binge, M.A., Chairperson
Alison Grimes, Au.D.
Naomi Smith, Au.D.
George Ritter, Legal Counsel

Staff Present

Annemarie Del Mugnaio, Executive Officer
Lori Pinson, Staff Analyst
Beth Scott, Senior Staff Analyst

Board Members Present

Lisa O'Connor, M.A.
Jennifer Hancock, M.A.
Carol Murphy, M.A.

Board Members Absent

Paul Donald, M.D.
Diana Verdugo, M.S.

Guests Present

Jody Winzelberg, Legislative Liaison California Academy of Audiology
Robert Powell, California Speech-Language-Hearing Association
Dennis Van Vliet, Audiologist, American Academy of Audiology
Marcia Raggio, Audiologist, Audiology Program Director San Francisco State University
Jennifer Sherwood, M.A., Audiology Consultant, Department of Health Services Children's Medical Services Branch

The following guests participated in the meeting via teleconference:

Hallie W. Marrow, M.D., M.P.H., Pediatrician, Department of Health Services Children's Medical Services Branch
V. David Banda, Chief of Hearing and Audiology Services Newborn Hearing Screening Program, Department of Health Services Children's Medical Services Branch
Joleen Hyder-Freeman, Section Chief, Children's Medical Services Branch

I. Call to Order

Chairperson Binge called the meeting to order at 2:35 p.m.

II. Introductions

Those present introduced themselves.

III. Discussion of Audiology Support Personnel: Training, Responsibilities, & Supervision

Ms. Del Mugnaio stated that the Board is exploring the need for a new support-level personnel category in audiology similar to the category of speech-language pathology assistants, where support personnel are utilized under varying degrees of supervision.

Ms. Grimes explained that she received an interesting email from Peter Ivory which proposed establishing new training programs for audiometric technicians and which appeared to be formalized training for hearing aid dispensers. She commented that the discussion of creating a new support personnel category in audiology is timely, as the national audiology professional organizations have been researching the need for developing formal standards for audiology support personnel who may be employed to work under indirect supervision when performing routine tests and tasks. Ms. Grimes stated that she believes the issue of developing training standards for audiology support personnel in California is the Board's purview and should not be handled by audiologists acting independently of the Board.

Ms. Smith stated that she received the email sent by Mr. Ivory and researched the attached link that displayed information on a training program in Washington State for hearing instrument specialists. Ms. Smith stated that the link included a video of the training program which described a two-year training regimen that prepared "specialists" to perform bone conduction hearing tests, real-ear measures, and various other audiologic test procedures. She stated that she did not view any information that addressed supervision standards and stated that she was extremely concerned that the video appeared to promote the assumption that an individual may be fully trained to perform audiology services in two years instead of the standard six years of requisite training.

Ms. Del Mugnaio stated that there doesn't appear to be a standard model for audiology support personnel training in the country and, therefore, we would be developing standards in California that may not be supported nationally.

Ms. Grimes pointed out that the Veterans Administration has audiology support personnel standards where audiology assistants are employed to perform tasks under more indirect supervision.

Ms. Del Mugnaio explained the duties and functions that may be performed by audiology aides under current licensing laws and regulations.

Chairperson Binge explained that the current audiology aide category may reflect appropriate audiology support to perform such routine tasks; however, the Board may need to develop a different set of supervision standards so that audiology aides may be more useful to audiologists in certain work settings where indirect supervision may be employed and where patient safety would not be compromised.

Ms. Grimes suggested that the Board establish a task force of audiology experts to research the existing models for employing audiology support personnel in the interest of improving access to audiology services, especially the pediatric population. Ms. Grimes commented that she believes that, if the Board does not take a proactive role in addressing the need for a defined category of audiology assistants, some other group will move forward with developing standards for support personnel to provide routine audiology services in order to respond to access issues and public demands.

Ms. Del Mugnaio stated that the Board has some flexibility in amending its regulations to change existing supervision standards, although the statute does state that an aide must work under the direct supervision of a licensed audiologist. Depending upon how the Board chooses to define “direct supervision,” there may be some flexibility in amending existing regulations. Ms. Del Mugnaio further stated that, if the Board decides to acknowledge a formal training standard, a statutory change would be necessary.

Ms. Bingea commented that the audiology aides used at the UC San Francisco clinic are provided extensive on-the-job training and that such training has proven to be valuable, as it is specific to the needs of the particular setting where the aides are employed.

Ms. Del Mugnaio requested that the Committee members forward, to her attention, names of audiologists who have experience with audiology support personnel and who may be interested in serving on the Board’s task force. She stated that the task force meeting will be noticed to the public and that any interested party would be welcome to attend the meeting and provide input. Ms. Del Mugnaio proposed that the first task force meeting be held in conjunction with the next scheduled board meeting.

M/S/C Grimes/Bingea

The Committee voted to recommend to the full Board that Ms. Del Mugnaio craft an invitation to send to audiology experts inviting them to serve on a task force that would be charged with researching the need for developing uniform standards for audiology support personnel, including supervision standards, support personnel scope of responsibility, and possible formal training standards.

IV. Discussion with Representatives From the Department of Health Services, California Children’s Services Newborn Hearing Screening Program, the American Academy of Audiology, and the California Academy of Audiology Regarding Audiology Provider Qualifications/Training, Medi-Cal Reimbursement Issues, and Collaborative Oversight Activities with the Board

Ms. Del Mugnaio stated that the discussion item was a follow-up to an earlier discussion with representatives from California Children’s Services (CCS), which occurred at the January 26, 2007 Board meeting and surrounded the expansion of the Newborn Hearing Screening Program (NHSP) under Assembly Bill 2651. Ms. Del Mugnaio explained that the Board and CCS representatives discussed the following NHSP issues: the limited pool of qualified audiologists to serve the pediatric population, the complicated reimbursement system under Medi-Cal that CCS audiology providers must work within, the need for additional training for pediatric audiologists, and the overall lack of consistency within the Medi-Cal system regarding authorization and billing policies. Ms. Del Mugnaio stated that the Board discussed the possibility of working with the Department of Health Services and the state and national audiology professional organizations on proposing legislative action to address some of the reimbursement issues impacting the number of audiologists willing to serve within the CCS program.

Mr. Banda agreed with the Board's assessment of the issues facing the NHSP and the state, and reiterated that the Medi-Cal billing system is incredibly complex with a minute portion of the system devoted to CCS reimbursement. He commented that existing shortfalls within the NHSP will become magnified as the program expands to meet the mandates of the new legislation. He stated that the program's success is dependent upon having a sufficient number of skilled audiology providers and related staff. Mr. Banda added that CCS has, in the past, taken an active role in recruiting audiology providers by offering training courses and simplifying the provider authorization process. He reported that CCS recently disseminated a new publication, *Audiology Update*, to communicate with CCS providers and Communication Disorder Centers on common billing issues and program updates. Mr. Banda stated that this was the first edition of the quarterly publication that will focus in each edition on one or two common billing mistakes or pitfalls within the Medi-Cal system. He commented that the publication should serve as a vehicle to disperse important information to all CCS personnel and providers.

Ms. Grimes suggested that a future publication address the complicated authorization process and inconsistencies in the manner in which authorization policies are enforced in different county offices.

Ms. Bingea inquired as to whom one should direct authorization and billing problems should they receive inconsistent or inaccurate information.

Mr. Banda suggested formulating a letter to the Department of Health Services describing in detail the nature of the problem so that executive-level personnel may intervene and research the issue further with the appropriate office or branch.

Ms. Del Mugnaio added that, if the problem has more to do with revamping a particular part of the entire Medi-Cal system, it may require legislative action and, therefore, may need to be elevated to a legislator or legislative committee to institute actual program changes.

Mr. Banda agreed that legislative intervention would create greater visibility to the complex Medi-Cal system problems and its many variables.

Ms. Grimes inquired whether CCS conducts exit interviews at the time a provider leaves the program.

Ms. Banda responded that no formal exit interviews are conducted, but that providers offer spontaneous feedback and comments that are tremendously helpful in identifying ways to improve the existing program.

Ms. Del Mugnaio inquired whether the state and/or national audiology professional organizations have plans to address the CCS issue with the Legislature.

Ms. Winzelberg reported that the California Academy of Audiology (CAA) is keenly aware of the CCS issues and is forming a legislative subcommittee to identify the issues requiring immediate attention by governmental officials. She stated that currently the CAA is trying to locate audiology professionals from each region of the state who have experience with the CCS system to serve on the subcommittee. Ms. Winzelberg further stated that it is CAA's desire to locate audiologists from various settings with different sub-specialties to serve on the CAA subcommittee in order to have adequate representation of the audiology workforce.

Mr. Van Vliet indicated that the national professional organizations are prepared to assist in these discussions to the extent that the Medi-Cal issues stem from federal Medicaid barriers or should the state require guidance on developing audiology subspecialty practice standards. Mr. Van Vliet commented that it has been his experience with the CCS system that the issue is really not about the low rates of reimbursement for the audiology services, but more about the untimely, or lack of, reimbursement for authorized services stemming from administrative problems.

Ms. Winzelberg stated that she and many members from CAA have experienced such authorization and billing problems and feel confident that the subcommittee can clearly identify a set of specific issues regarding the CCS authorization and associated billing problems that may be resolved without abolishing the entire Medi-Cal program.

Ms. Del Mugnaio stated that discussing these billing and authorization issues with the Legislature may result in legislative action mandating a comprehensive study of the identified problems by the responsible state program. She further requested that Ms. Winzelberg keep the Board apprised of the CAA subcommittee's discussions and notify the Board at such point that the CAA would be interested in the Board's assistance in elevating the identified issues.

The Committee determined that they would work with the CAA to identify key issues impacting access to audiology services within the CCS system.

Chairperson Bingea adjourned the meeting at 3:55 p.m.

Annemarie Del Mugnaio, Executive Officer